Section A:

Jericho Recreation, P.O.Box 39 Jericho, Vt. 05465

COUNSELOR APPLICATION

- This position requires a 6-week commitment: June 23 August 4, 2017 (Monday Friday). Set up day on Friday, June 23rd. Please do not apply if you are unable to commit to all of the above weeks.
- Applications are due Friday, March 10, 2017. Interviews will be scheduled after this
 date.
- If you previously worked as a counselor for the Jericho Recreation, please fill out section A only. If you worked as a counselor last summer (2016), a check-in phone interview may take place before a contract will be issued. As a returning counselor, please understand it is not a guarantee that you will be rehired. It is possible that a returning counselor may be interviewed with other applicants. This decision is at the discretion of the Director.
- If you are new to this position, (CIT's included) please complete sections A, B and C. Some applicants will be called and an interview may be scheduled. Others will receive written notification in the mail. This will occur after the due date of March 10, 2017.
- If you should have any questions or need assistance completing the application, please email Lynn at lwagner@jerichovt.gov.

Name		
Address		
Email Address (Print Clearly	·)	
Telephone Number	D.O.B	Current Grade
(Grades Pre-K – 3) No Preference	mp do you prefer to work at: Young _, Older Camp (Grades 4 – 7) nior Lifesaving?	
Section B:	•	
Do you have any interests or	skills in the following areas?	
Arts & Crafts	Softball	Basketball
Tennis	Soccer	Cooking
Flag Football	Drama	Floor Hockey
Gardening	Creative Games	Volleyball
Kickball	Dance	Other(s):

Have you had first aid to certified:	raining?	_ If yes, please indica	te where and when you were la
List your experiences we	orking with children:		
What do you see as you	r strengths to offer th	e Summer Rec. Progra	am?
Section C:			
Previous job experience			
<u>Employer</u>	Job Descri _l	<u>otion</u>	Employment Date(s)
If presently employed, n	nay we contact your e	employer?	_
REFERENCES (Three i	ndividuals, not relate	d to you, whom you ha	ve known at least one year.)
<u>Name</u>	Address	Tel.#	Yrs. Known

Mail completed applications to: Town of Jericho, Attention: Lynn Wagner, P.O. Box 39, Jericho, VT 05465. Applications may also be dropped off at the Town Hall in the Town Administrators Office ONLY. **Applications must be received by March 10, 2017 or the application will not be processed.**